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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	20191-707
		First Named Inventor	Illah Nourbakhsh
		COMPLETE IF KNOWN	
		Application Number	Not Yet Assigned
		Filing Date	Herewith
		Group Art Unit	Not Yet Assigned
		Examiner Name	Not Yet Assigned
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)		
OR			

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR LONG-RANGE PLANNING

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.
60/281,052	04/02/2001	<input type="checkbox"/>

(Page 1 of 3)

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number

OR

Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar
Code Label here

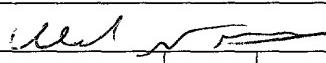
Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number
or Bar Code Label OR Correspondence address below

Name	Michael C. Martensen						
Address	Wilson Sonsini Goodrich & Rosati						
Address	650 Page Mill Road						
City	Palo Alto	State	CA	ZIP	94304		
Country	U.S.	Telephone	650-493-9300			Fax	650-493-6811

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle (if any))				Family Name or Surname				
Illah				Nourbakhsh				
Inventor's Signature						Date	6/27/2001	
Residence: City	Pittsburgh	State	PA.	Country	USA	Citizenship	USA	
Post Office Address	2529 Beechwood Blvd.							
Post Office Address								
City	Pittsburgh	State	PA.	ZIP	15217	Country	USA	
<input type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:								

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→ +

PTO/SB/02A (3-97)

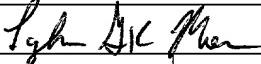
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any)			Family Name or Surname				
Tyler			Morse				
Inventor's Signature						Date	6-27-01
Residence: City	Brisbane	State	CA.	Country	USA	Citizenship	USA
Post Office Address							
Post Office Address	421 Alvarado St.						
City	Brisbane	State	CA.	ZIP	94005	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any)			Family Name or Surname				
David			Andre				
Inventor's Signature						Date	
City	Berkeley	State	CA.	Country	USA	Citizenship	USA
Post Office Address	1821 Sacramento Street						
Post Office Address							
City	Berkeley	State	CA.	ZIP	94702	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any)			Family Name or Surname				
Ofer			Matan				
Inventor's Signature						Date	
City	Palo alto	State	CA.	Country	USA	Citizenship	USA
Post Office Address	310 Palo Alto Avenue						
Post Office Address							
City	Palo Alto	State	CA.	ZIP	94301	Country	USA

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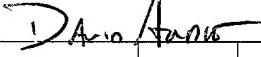
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>	
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any)			Family Name or Surname				
Tyler			Morse				
Inventor's Signature						Date	
Residence: City	Brisbane	State	CA.	Country	USA	Citizenship	USA
Post Office Address							
Post Office Address	421 Alvarado St.						
City	Brisbane	State	CA.	ZIP	94005	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any)			Family Name or Surname				
David			Andre				
Inventor's Signature						Date	7/2/1
City	Berkeley	State	CA.	Country	USA	Citizenship	USA
Post Office Address							
Post Office Address	1821 Sacramento Street						
City	Berkeley	State	CA.	ZIP	94702	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any)			Family Name or Surname				
Ofer			Matan				
Inventor's Signature						Date	
City	Palo alto	State	CA.	Country	USA	Citizenship	USA
Post Office Address							
Post Office Address	310 Palo Alto Avenue						
City	Palo Alto	State	CA.	ZIP	94301	Country	USA

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any)				Family Name or Surname			
Tyler				Morse			
Inventor's Signature					Date		
Residence: City	Brisbane	State	CA.	Country	USA	Citizenship	USA
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David				Andre			
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